

District Board Membership			
Designated Meeting Date, Time, & Place _____			
President/Chair:		Term Expires (Mo/Day/Yr):	
P. O. Box/Street		First Full Term	
		Second Full Term	
City:		Third or more Full Term	
		Filling Unexpired Term	
Zip Code:			
Telephone:			
Vice President:		Term Expires (Mo/Day/Yr):	
P. O. Box/Street		First Full Term	
		Second Full Term	
City:		Third or more Full Term	
		Filling Unexpired Term	
Zip Code:			
Telephone:			
Secretary:		Term Expires (Mo/Day/Yr):	
P. O. Box/Street		First Full Term	
		Second Full Term	
City:		Third or more Full Term	
		Filling Unexpired Term	
Zip Code:			
Telephone:			
Treasurer:		Term Expires (Mo/Day/Yr):	
P. O. Box/Street		First Full Term	
		Second Full Term	
City:		Third or more Full Term	
		Filling Unexpired Term	
Zip Code:			
Telephone:			
Member:		Term Expires (Mo/Day/Yr):	
P. O. Box/Street		First Full Term	
		Second Full Term	
City:		Third or more Full Term	
		Filling Unexpired Term	
Zip Code:			
Telephone:			

Member:	Term Expires (Mo/Day/Yr):	
P. O. Box/Street	First Full Term	
	Second Full Term	
City:	Third or more Full Term	
	Filling Unexpired Term	
Zip Code:		
Telephone:		
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	Second Full Term	
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	Filling Unexpired Term	
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City:	Third or more Full Term	
	Filling Unexpired Term	
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	Second Full Term	
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	Second Full Term	
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